REPORT - HIPAA 834 to ACES mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Benefit Enrollment and Maintenance							
	ST	Transaction Set Header		R					
	ST 01	Transaction Set Identifier Code	ID3	R				Hard code "834"	Translation
	ST 02	Transaction Set Control Number	AN9	R				Generate a sequence number for each ST-SE in a batch.	Translation
	BGN	Beginning Segment		R					
	BGN01	Transaction Set Purpose Code	ID2	R				Hard code "00"	Translation
	BGN02	Transaction Set Identifier Code	AN30	R				Verify this is a sequence number that begins with 1 and increments by 1	Translation
	BGN08	Action Code	ID2	R				Hard code "4"-Verify, for full roster	Translation
	REF	Transaction Set Policy Number		s					
	DTP	File Effective Date		S					
1000A	N 1	Sponsor Name		R					
1000A	N 1	Sponsor Name		R					
1000A	N 101	Entity Identifier Code	ID3	R				Hard code "P5"-plan sponsor	Translation
1000A	N 102	Plan Sponsor Name	AN60	S				Hard code "Wash. State DSHS"	Translation
1000A	N 103	Identification Code Qualifier	ID2	R				Send "FI" with Tax ID	Translation
1000A	N 104	Sponsor Identifier	AN80	R				Federal Tax ID that identifies ACES sponsor.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
1000B	N 1	Payer		R					
1000B	N 1	Payer		R					
1000B	N 101	Entity Identifier Code	ID3	R				Hard code "IN"-insurer	Translation
1000C	N 1	TPA/Broker Name		S					
1000C	N 1	TPA/Broker Name		S					
1100C	ACT	TPA/Broker Account Information		S					
1100C	ACT	TPA/Broker Account Information		S					
2000	INS	Member Level Detail		R					
2000	INS	Member Level Detail		R					
2000	INS01	Insured Indicator	ID1	R				Will always be "Y" if subscriber is patient	Translation
2000	INS02	Individual Relationship Code	ID2	R				Hard code "18"-insured is subscriber	Translation
2000	INS03	Maintenance Type Code	ID3	R				Hard code "030"-audit or compare, for full roster	Translation
2000	INS04	Maintenance Reason Code	ID3	S				Hard code "XN"-notification only	Translation
2000	INS05	Benefit Status Code	ID1	R				Hard code "A"-active	Translation
2000	INS08	Employment Status Code	ID2	S				Hard code "FT"-full time recipient	Translation
2000	INS10	Handicap Indicator	ID1	S	MMIS-Elig- Extract-Rec	W40-MMIS-CL-DISAB- TYPE-CD	X(01)	"Y" if field is not blank	Translation
2000	INS12	Insured Individual Death Date	AN35	S	MMIS-Elig- Extract-Rec	W40-MMIS-CL-DOD	9(08)		
2000	REF	Subscriber Number		R					
2000	REF01	Reference Identification Qualifier	ID3	R				Hard code "0F"-subscriber number	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000	REF02	Subscriber Identifier	AN30	R	MMIS-Elig- Extract-Rec	W40-MMIS-ACES-CL- ID-NUM	9(09)		
2000	REF	Member Policy Number		s					
2000	REF	Member Identification Number		s					
2000	REF	Prior Coverage Months		s					
2000	REF01	Reference Identification Qualifier	ID3	R				Hard code "QQ"-unit number	Translation
2000	REF02	Prior Coverage Month Count	AN30	R				Must maintian the number of prior covered months for Certificate of Creditable Coverage.	HIPAA Required
2000	DTP	Member Level Dates		S					
2000	DTP01	Date Time Qualifier	ID3	R				Send "473" with recip-elig-beg-date; send "474" with recip-elig-end-date	Translation
2000	DTP03	Status Information Effective Date	AN35	R	MMIS-Elig- Extract-Rec	W40-MMIS-AU-PROG- BEG-DT	9(08)	Are these the dates the recipient first became eligible? as opposed to the current span in the coverage loop.	System Questions
2000	DTP03	Status Information Effective Date	AN35	R	MMIS-Elig- Extract-Rec	W40-MMIS-AU-PROG- END-DT	9(08)	Are these the dates the recipient first became eligible? as opposed to the current span in the coverage loop.	System Questions
2100A	NM1	Member Name		R					
2100A	NM1	Member Name		R					
2100A	NM101	Entity Identifier Code	ID3	R				Hard code "IL"-insured	Translation
2100A	NM103	Subscriber Last Name	AN35	R	MMIS-Elig- Extract-Rec	W40-MMIS-CL-LAST- NAME	X(13)		
2100A	NM104	Subscriber First Name	AN25	R	MMIS-Elig- Extract-Rec	W40-MMIS-CL-FIRST- NAME	X(09)		
2100A	NM105	Subscriber Middle Name	AN25	S	MMIS-Elig- Extract-Rec	W40-MMIS-CL- MIDDLE-INIT	X(01)		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100A	PER	Member Communications Numbers		S					
2100A	PER01	Contact Function Code	ID2	R				Hard code "IP"-insured	Translation
2100A	PER04	Communication Number	AN80	R	MMIS-Elig- Extract-Rec	W40-MMIS-AU-RES- TEL-AREA-NUM	X(03)		
2100A	PER04	Communication Number	AN80	R	MMIS-Elig- Extract-Rec	W40-MMIS-AU-RES- TEL-NUM	X(07)		
2100A	N 3	Member Residence Street Address		S					
2100A	N 301	Subscriber Address Line	AN55	R	MMIS-Elig- Extract-Rec	W40-MMIS-AU-ADDR- LINE-1	X(25)		
2100A	N 302	Subscriber Address Line	AN55	S	MMIS-Elig- Extract-Rec	W40-MMIS-AU-ADDR- LINE-2	X(27)		
2100A	N 4	Member Residence City, State, ZIP Code		s					
2100A	N 401	Subscriber City Name	AN30	R	MMIS-Elig- Extract-Rec	W40-MMIS-AU-CTY- ADDR	X(17)		
2100A	N 402	Subscriber State Code	ID2	R	MMIS-Elig- Extract-Rec	W40-MMIS-AU-ST-CD	X(02)		
2100A	N 403	Subscriber Postal Zone or ZIP Code	ID15	R	MMIS-Elig- Extract-Rec	W40-MMIS-AU-ZIP- ADDR	9(05)		
2100A	DMG	Member Demographics		S					
2100A	DMG02	Member Birth Date	AN35	R	MMIS-Elig- Extract-Rec	W40-MMIS-CL-DOB	9(08)		
2100A	DMG03	Gender Code	ID1	R	MMIS-Elig- Extract-Rec	W40-MMIS-CL-SEX-CD	X(01)	Map codes	Map Codes
2100A	DMG05	Race or Ethnicity Code	ID1	S	MMIS-Elig- Extract-Rec	W40-MMIS-CL-RACE- CD	X(03)	use race?	Policy Issues

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100A	DMG06	Citizenship Status Code	ID2	S	MMIS-Elig- Extract-Rec	W40-MMIS-CL-ALIEN- IND	X(01)	use citizenship status?	Policy Issues
2100A	ICM	Member Income		s					
2100A	AMT	Member Policy Amounts	}	s					
2100A	AMT01	Amount Qualifier Code	ID3	R				"C1"-co-payment	Translation
2100A	AMT02	Contract Amount	R18	R				If program is CHIP, send \$5.00 copay amount. Hard code?	Policy Issues
2100A	HLH	Member Health Information		S					
2100A	LUI	Member Language		s					
2100A	LUI02	Language Code	AN80	S	MMIS-Elig- Extract-Rec	W40-MMIS-CL-PRIM- LANG-IND	X(02)	Map codes	Map Codes
2100B	NM1	Incorrect Member Name		S					
2100B	NM1	Incorrect Member Name		s					
2100B	DMG	Incorrect Member Demographics		S					
2100C	NM1	Member Mailing Address		S					
2100C	NM1	Member Mailing Address		S					
2100C	N 3	Member Mail Street Address		S					
2100C	N 4	Member Mail City, State, Zip		S					
2100D	NM1	Member Employer		S					
2100D	NM1	Member Employer		s					
2100D	PER	Member Employer Communications Numbers		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100D	N 3	Member Employer Street Address		S					
2100D	N 4	Member Employer City, State, Zip		S					
2100E	NM1	Member School		S					
2100E	NM1	Member School		S					
2100E	PER	Member School Commmunications Numbers		S					
2100E	N 3	Member School Street Address		S					
2100E	N 4	Member School City, State, Zip		S					
2100F	NM1	Custodial Parent		S					
2100F	NM1	Custodial Parent		s					
2100F	NM101	Entity Identifier Code	ID3	R				Hard code "S3"-custodial parent	Translation
2100F	NM103	Custodial Parent Last Name	AN35	R	MMIS-Elig- Extract-Rec	W40-MMIS-AU-HOH- NAME	X(25)		
2100F	NM108	Identification Code Qualifier	ID2	S				Only a code "34" for SSN, but we have client ID.	HIPAA Questions
2100F	NM109	Custodial Parent Identifier	AN80	S	MMIS-Elig- Extract-Rec	W40-MMIS-HOH-CL-ID- NUM	9(09)		
2100F	PER	Custodial Parent Communications Numbers		S					
2100F	N 3	Custodial Parent Street Address		S					
2100F	N 4	Custodial Parent City, State, Zip		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100G	NM1	Responsible Person		S					
2100G	NM1	Responsible Person		S					
2100G	PER	Responsible Person Communications Numbers		S					
2100G	N 3	Responsible Person Street Address		S					
2100G	N 4	Responsible Person City, State, Zip		S					
2200	DSB	Disability Information		S					
2200	DSB	Disability Information		S					
2200	DSB01	Disability Type Code	ID1	R	MMIS-Elig- Extract-Rec	W40-MMIS-CL-DISAB- TYPE-CD	X(01)	map codes	Map Codes
2200	DTP	Disability Eligibility Dates		S					
2300	HD	Health Coverage		S					
2300	HD	Health Coverage		S					
2300	HD 01	Maintenance Type Code	ID3	R				Hard code "030"-audit or compare	Translation
2300	HD 03	Insurance Line Code	ID3	R	MMIS-Elig- Extract-Rec	W40-MMIS-CL-PGM-CD	X(01)	map codes	Map Codes
2300	HD 04	Plan Coverage Description	AN50	S	MMIS-Elig- Extract-Rec	W40-MMIS-CL-MATCH- CD	X(01)	Map codes to list of legend text on ID cards	Map Codes
2300	HD 04	Plan Coverage Description	AN50	S	MMIS-Elig- Extract-Rec	W40-MMIS-CL-MED-CD	X(01)	Map codes to list of legend text on ID cards	Map Codes
2300	HD 04	Plan Coverage Description	AN50	S	MMIS-Elig- Extract-Rec	W40-MMIS-CL-PGM-CD	X(01)	Map codes to list of legend text on ID cards	Map Codes
2300	DTP	Health Coverage Dates		R					
2300	DTP01	Date Time Qualifier	ID3	R				Send "473" with recip-elig-beg-date; send "474" with recip-elig-end-date	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	DTP03	Coverage Period	AN35	R	MMIS-Elig- Extract-Rec	W40-MMIS-CL-ELIG- BEG-DT	9(08)		
2300	DTP03	Coverage Period	AN35	R	MMIS-Elig- Extract-Rec	W40-MMIS-CL-ELIG- END-DT	9(08)		
2300	AMT	Health Coverage Policy		s					
2300	REF	Health Coverage Policy Number		s					
2300	IDC	Identification Card		s					
2310	LX	Provider Information		S				There is no provider info in the ACES extract to MMIS.	Policy Issues
2310	LX	Provider Information		s					
2310	NM1	Provider Name		R					
2310	N 4	Provider City, State, ZIP Code		S					
2310	PER	Provider Communications Numbers		S					
2310	PLA	PCP Change Reason		s					
2320	СОВ	Coordination of Benefits		S					
2320	СОВ	Coordination of Benefits		s					
2320	COB03	Coordination of Benefits Code	ID1	R	MMIS-Elig- Extract-Rec	W40-MMIS-CL-TPL- MED-INSUR	X(01)	Flag for COB	Map Codes
2320	REF	Additional Coordination of Benefits Identifiers		S					
2320	N 1	Other Insurance Company Name		s					
2320	DTP	Coordination of Benefits Eligibility Dates		s					
2320	SE	Transaction Set Trailer		R					

Comment Type Legend:

Column Heading Legend: "DT" = Data Type

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99))